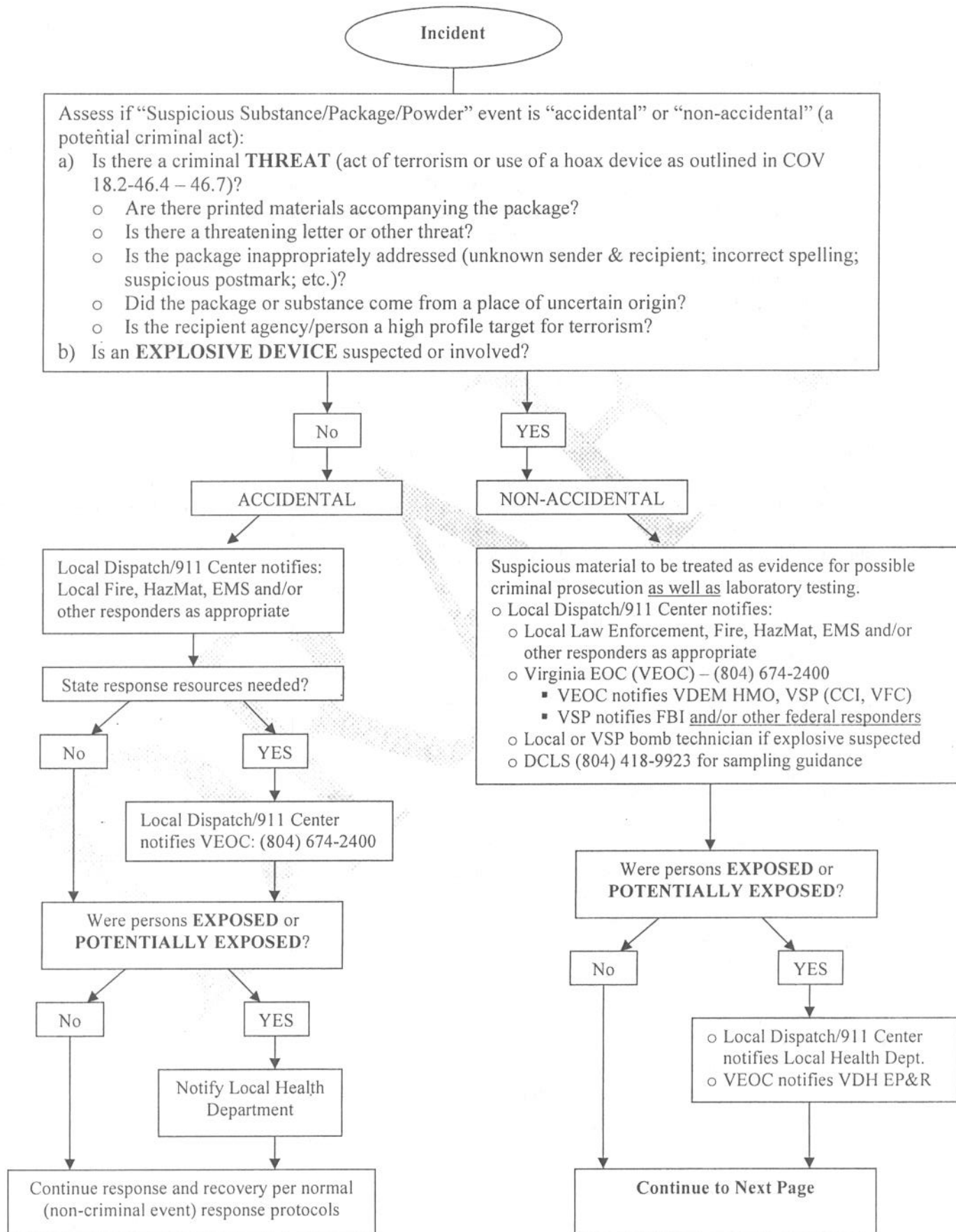


## Interagency Guidance for Suspicious Substance Response (16Sep08)



## Interagency Guidance for Suspicious Substance Response (16Sep08)

| Priority Order | Task  | Responsible Agency  |
|----------------|---|---|
| 1              | Assure all appropriate notifications made per Decision Tree above.<br>Additional notes:<br><ul style="list-style-type: none"> <li>○ VSP CCI – other applicable public safety personnel are to be notified by VSP/VFC as circumstances require.</li> </ul>   | <ul style="list-style-type: none"> <li>• Initial response organization</li> </ul>                                 |
| 2              | <ul style="list-style-type: none"> <li>• <b>DO NOT HANDLE PACKAGE OR SUBSTANCE. HazMat and VSP CCI should be present before any tampering with potential evidence takes place.</b></li> <li>• Control Scene: Restrict access and isolate area in which the suspicious package is located; prohibit entry by anyone until appropriate authorities arrive.</li> <li>• Minimize airflow around specimen: Turn off ventilation system and any other air movement equipment (e.g., fans, window AC units) in the area.</li> <li>• Turn off any equipment that may have been used in the movement of the suspicious package.</li> <li>• Minimize use of cell phones and radio signal producing equipment near the package</li> <li>• Record names and contact information of people in area.</li> </ul> | <ul style="list-style-type: none"> <li>• Law Enforcement</li> <li>• HazMat, Fire, EMS</li> </ul>                  |
| 3              | Triage exposed persons; ensure treatment of symptomatic persons; establish proper infection and exposure control; use appropriate PPE.  | <ul style="list-style-type: none"> <li>• HazMat, Fire, EMS</li> </ul>   |
| 4              | Ensure unified response:<br><ul style="list-style-type: none"> <li>• VSP CCI will coordinate evidence collection with DCLS, as law enforcement must coordinate the chain of custody for criminal prosecution.</li> </ul>  | <ul style="list-style-type: none"> <li>• All responding organizations</li> </ul>                                  |
| 5              | Collect samples:<br><ul style="list-style-type: none"> <li>• Law Enforcement (VSP CCI) collects evidentiary sample in accordance with established protocols and in concert with DCLS.</li> <li>• HazMat/ VSP CCI field screening/classification should be limited to ensure a sufficient quantity exist for DCLS analysis and evidentiary sample.</li> <li>• If scene assessment and circumstances suggest an exposure or potential exposure, notify Health Department.</li> </ul>  | <ul style="list-style-type: none"> <li>• HazMat</li> <li>• Law Enforcement (VSP CCI)</li> <li>• Health</li> </ul> |
| 6              | Submit sample to DCLS for testing:<br><ul style="list-style-type: none"> <li>• HazMat and Law Enforcement (VSP CCI) to handle in accordance with existing policy and procedures.</li> <li>• All evidentiary samples shall be transported by VSP CCI.</li> <li>• Non-evidentiary samples resulting from accidental incidents may be transported in a manner coordinated by Haz-Mat or other on-scene professionals.</li> <li>• All sample transport shall be coordinated with DCLS.</li> </ul>   | <ul style="list-style-type: none"> <li>• HazMat</li> <li>• Law Enforcement (VSP CCI)</li> </ul>                   |
| 7              | Collect contact information on all persons exposed or potentially exposed:<br><ul style="list-style-type: none"> <li>• Name, address, phone number(s)</li> <li>• Emergency contact information</li> <li>• Time exposed</li> <li>• Nature of exposure</li> <li>• Provisions for monitoring of health effects</li> <li>• If the exposed persons were transported for medical care, notify DCLS of the facility name and contact information</li> </ul>  | <ul style="list-style-type: none"> <li>• Local Health Dept.</li> </ul>  |

## Interagency Guidance for Suspicious Substance Response (16Sep08)

|   |   |                          |
|---|---|--------------------------|
| 8 | Report analysis results to submitting agency, Virginia Fusion Center and State/local health (as <u>appropriate</u> in the event of exposures).<br><b>Caution:</b> Further distribution of results is limited to a “need to know” basis so as not to compromise the investigation. | • DCLS                   |
| 9 | Report results to appropriate partners/stakeholders on a “need to know” basis, e.g., Local Law Enforcement, Fire/HazMat/EMS.  | • Virginia Fusion Center |

## Collection Procedure for “Unknown or Suspicious” Substance

Summary: National and international events have generated the need to evaluate threats for biological, radioactive or chemical agents. Many of these threats involve unexplained and suspicious packages, solids, liquids and powders. Standard procedures are used by law enforcement and emergency responders to make risk assessments and determine whether threats are credible. If the threat is deemed credible, trained and certified individuals, who are members of a hazardous material response team, must be summoned to respond to the incident. Regardless, of the level of risk, powders and other suspicious materials must be handled using an “all hazards” approach until the material is identified and characterized.

Purpose: Provide general guidance to emergency response personnel to collect “unknown or suspicious” solids or liquids for storage and transport to DCLS. **If possible, hazardous materials response team members should contact DCLS prior to collection to confirm sampling procedures.** This procedure does not attempt to define the personal protective equipment (PPE) and safety or decontamination procedures used by the hazardous materials response team members during these events.

NOTE: In all non-accidental incidents, law enforcement (VSP CCI) shall be involved in order to collect an evidentiary sample for potential criminal prosecution.

SAMPLING – Evidence shall be collected in accordance with DCLS Protocols

### Contact Information:

1. Please call the state laboratory to arrange for receipt of transported samples
2. Emergency Laboratory Officer on call 24/7: (804) 418-9923
3. State Laboratory. (804) 648 4480
  - a. Dr. Tom York, Director of Analytical Services, (804) 641-7071
  - b. Dr. Tim Croley, Lead Scientist, Chemical Agents and Hazardous Materials, (804) 641-7069

## LABORATORY CHAIN-OF-CUSTODY FORM

DIVISION OF CONSOLIDATED LABORATORY SERVICES  
600 North 5<sup>th</sup> Street, Richmond, Virginia 23219  
Phone: (804) 648-4480 Fax: (804) 371-7973  
Emergency Service Pager(s): (804) 418-9923



**SUBMITTER:** Please complete Sections 1 and 2.

**Document all evidence transfers in Section 3 (page 2).**

### SECTION 1

|                    |          |                  |           |
|--------------------|----------|------------------|-----------|
| Investigator Name: |          | Date Submitted:  |           |
| Agency:            |          | Agency Case No.: |           |
| Address:           |          |                  |           |
| City/County:       |          | State:           | ZIP Code: |
| Phone No.:         | Fax No.: | E-mail:          |           |
| Emergency Contact: |          | Phone No.:       |           |

|               |                  |       |
|---------------|------------------|-------|
| Submitter:    | Agency:          | Date: |
| (Print Name): | Telephone: ( ) - |       |

### SECTION 2

|  |                 |               |
|--|-----------------|---------------|
| Sampling Site:   |                 | Site Address: |
| Collected By:  | Date Collected: | Agency:       |
| Submitter Description: Include the number of containers, identification number(s) and a physical description of each sample submitted for testing. {Relinquish sample(s) on page 2.} |                 |               |
|  |                 |               |
|  |                 |               |
|  |                 |               |
|  |                 |               |
|  |                 |               |
|  |                 |               |
|  |                 |               |
|  |                 |               |
| Submitter Comments [Reason for Submission]:  |                 |               |
|  |                 |               |
| Lockbox Evidence Seal Number:  |                 |               |

**NOTE: DOCUMENT TRANSFER OF SAMPLES/EVIDENCE ON PAGE 2 (SECTION 3)**

## LABORATORY CHAIN-OF-CUSTODY FORM

### SECTION 3

**Chain of Custody: Persons relinquishing and receiving evidence must provide their signature, organization and date/time to document evidence transfers. (Start with Box Number 1 below)**

| Relinquished By (Submitter) | Organization | Date/Time | Received by  | Organization | Date/Time |
|-----------------------------|--------------|-----------|--|--------------|-----------|
| 1.<br>Signature:            |              |           | 2.<br>Signature:   |              |           |
| Print Name:                 |              |           | Print Name:  |              |           |
|                             |              |           | Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No |              |           |

| Relinquished By  | Organization | Date/Time | Received by  | Organization | Date/Time |
|------------------|--------------|-----------|--|--------------|-----------|
| 3.<br>Signature: |              |           | 4.<br>Signature:   |              |           |
| Print Name:      |              |           | Print Name:  |              |           |
|                  |              |           | Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No |              |           |

| Relinquished By  | Organization | Date/Time | Received by  | Organization | Date/Time |
|------------------|--------------|-----------|--|--------------|-----------|
| 5.<br>Signature: |              |           | 6.<br>Signature:   |              |           |
| Print Name:      |              |           | Print Name:  |              |           |
|                  |              |           | Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No |              |           |

| Relinquished By  | Organization | Date/Time | Received by  | Organization | Date/Time |
|------------------|--------------|-----------|--|--------------|-----------|
| 7.<br>Signature: |              |           | 8.<br>Signature:   |              |           |
| Print Name:      |              |           | Print Name:  |              |           |
|                  |              |           | Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No |              |           |

| Relinquished By  | Organization | Date/Time | Received by  | Organization | Date/Time |
|------------------|--------------|-----------|--|--------------|-----------|
| 9.<br>Signature: |              |           | 10.<br>Signature:  |              |           |
| Print Name:      |              |           | Print Name:  |              |           |
|                  |              |           | Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No |              |           |

### SECTION 4

**DCLS Use Only**

**Laboratory Description of Sample:** Include the number of containers, identification number(s) and a physical description of each item submitted for testing.

|            |       |
|------------|-------|
|            |       |
|            |       |
|            |       |
|            |       |
|            |       |
|            |       |
|            |       |
|            |       |
| Signature: | Date: |

### SECTION 5 – Evidence Disposal (To be completed by Laboratory Evidence Custodian)

|                   |                  |                             |
|-------------------|------------------|-----------------------------|
| Disposition Site: | Disposition No.: | Method of Disposition/Date: |
| Performed by:     | Date:            |                             |
| Witnessed by:     | Date:            |                             |

[illegible]

## **SCREENING REFERENCE GUIDE**

### **Toxic Vapors Screening:**

- A relative response value over 100 on either a PID or OVA shall provide preliminary indication of a hazardous waste, which will require additional characterization before the material may be transported.

### **Ignitable/Flammable Vapors Screening:**

- A CGI instrument value within the "explosive" range for the calibrating gas shall provide a preliminary indication of a hazardous waste.

### **Reactivity Screening:**

- A small amount of the material is placed in a test tube or other suitable testing device and subsequently, a small amount of distilled water is added to the testing container. The presence of effervescence, heat generation, or other unstable reaction is a preliminary indication of a reactive hazardous waste (D003). A CGI, PID or Colormetric test may also be used for air monitoring over the tube to obtain additional information.
- A small piece of paper (approximately 3x5 inches) is folded into a fan, a small amount of the material is added to the fan and one corner of the paper fan is lighted and the flame is observed. A jet-like flame indicates nitrated compounds and an abnormally colored flame indicates that the material may be reactive.

### **Corrosive Wastes Screening:**

- Liquid: If the material is aqueous in nature, a pH reading of less than or equal to 2 or greater than or equal to 12.5 shall be preliminary indication of a hazardous waste (D002 corrosive).
- Solid: A RCRA corrosive waste cannot be solid in its physical form. No corrosive hazardous waste screening is necessary for solids.

### **Lead Screening:**

- A lead swab test with a value of 100 ppm for solid material and 5 ppm for liquids will be a preliminary indication of a hazardous waste.

### **Pesticides Screening:**

- An Organophosphate and Carbamates test with a value showing presence will be a preliminary indication of a hazardous waste.

### **Radiation Screening:**

- Ensure a background radiation reading away from the incident area is taken and recorded.
- Use appropriate survey equipment to identify type of radiation. This can include a survey meter, an energy compensated stick probe and/or pancake probe. A radionuclide identifier can also be used.
- Contact the Division of Radiological Health at 804-864-8150 or 800-468-8892 if radiation readings are at least twice background readings.
- Secure a bounded area where readings are 2 mrem/hour or higher.



## ACRONYM LIST

|               |  |
|---------------|--|
| <b>CCI</b>    | - Counter-Terrorism & Criminal Interdiction Unit (Virginia State Police) |
| <b>COV</b>    | - Commonwealth of Virginia   |
| <b>DCLS</b>   | - Division of Consolidated Laboratory Services (State Lab, Richmond)     |
| <b>EMS</b>    | - Emergency Medical Services   |
| <b>FBI</b>    | - Federal Bureau of Investigation  |
| <b>HazMat</b> | - Hazardous Material   |
| <b>HMO</b>    | - Hazardous Materials Officer  |
| <b>HRMU</b>   | - Hazardous Materials Response Unit (FBI)                                |
| <b>LE</b>     | - Law Enforcement  |
| <b>OVA</b>    | - Organic Vapor Analyzer   |
| <b>PID</b>    | - Photoionization Detector   |
| <b>PPE</b>    | - Personal Protective Equipment  |
| <b>ppm</b>    | - Parts per million  |
| <b>RCRA</b>   | - Resource Conservation and Recovery Act                                 |
| <b>VDEM</b>   | - Virginia Department of Emergency Management                            |
| <b>VDH</b>    | - Virginia Department of Health  |
| <b>VEOC</b>   | - Virginia Emergency Operations Center                                   |
| <b>VFC</b>    | - Virginia Fusion Center   |
| <b>VSP</b>    | - Virginia State Police  |



## Commonwealth of Virginia FluEx '08 Functional Exercise

*Emergency Preparedness  
& Response Programs*

### Exercises

- Aug '06 Tabletop Ex (TTX)
- Statewide FluEx, Oct '06
- Cabinet TTX, Sep '07
- Mid Atlantic Region NGA TTX, Nov '07
- CDC (+ 5 states) Functional Exercise Sep '08
- FluEx '08, Nov 18-19 '08

### Exercise Purpose and Scope

#### Purpose:

The purpose of FluEx 08 is to provide the Commonwealth with the framework through which State, local, private and civic organizations can demonstrate preparations and response to a State-wide crisis involving an influenza pandemic (PI). The exercise will also revisit key issues identified in previous PI exercise After Action Reports (AARs).

#### Scope:

FluEx 08 will emphasize mitigation and response strategies (policies, decisions and practices) among State and local government, private sector and non-governmental/civic partners during a period of PI progression from an acceleration interval into a peak transmission interval in November 2008.

3

### Overarching Objectives

- Demonstrate the adequacy of emergency response plans relevant to a pandemic response.
- Provide an opportunity for the healthcare community to demonstrate preparedness capabilities and capacities including coordination and communication, medical surge, mass prophylaxis, laboratory testing and other variables appropriate for a pandemic response.
- Identify and discuss policy decisions corresponding to functions most needed to decrease mortality, social disruption, critical infrastructure degradation, economic strain and other adverse consequences of an influenza pandemic.
- Identify additional steps necessary to assure Virginia is prepared for an influenza pandemic as well as appropriate areas for improvement and corresponding corrective actions.

4

### Scenario

- Pandemic influenza outbreak that will impact the Commonwealth and affect the entire United States.
- The exercise will begin as significant cases of disease are assessed as a US Government Response Stage 4 and a World Health Organization Phase 6.
- Definitions
  - US Government Response Stage 4 – First Human Case in North Atlantic
  - World Health Organization Phase 6 – Pandemic Period: Increased and Sustained Transmission in the General Population

5

### Scenario, continued

- Conditions at STARTEX, Thursday, November 20

Samples taken from the deceased woman in Charlottesville confirms that she died of viral pneumonia. Viral typing shows that show were infected with H7N3. Public health officials also took samples from her family members. These samples show that they are also infected with H7N3.

Several inmates from the Augusta Correctional Facility have also been hospitalized for respiratory infections. Cases of individuals with flu like symptoms are reported across Virginia.

Cases of individuals with flu like symptoms are continue to rise across Virginia.

Governor's State of Emergency Declaration in place.

6